

Case Number:	CM14-0000250		
Date Assigned:	01/10/2014	Date of Injury:	05/02/2013
Decision Date:	06/05/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female with a date of injury of 5/2/13. An MRI of the right shoulder was performed on 12/24/13 that gave the impression of cuff tendinosis. A physical therapy discharge note dated 10/17/13 showed range of motion to the right shoulder included flexion to 130 degrees, extension to 50 degrees, abduction to 110 degrees, adduction to 45 degrees, internal rotation to 70 degrees, and external rotation to 90 degrees. Strength to the right shoulder was 3/5. An evaluation performed on 12/12/13 noted that the injured worker reported 6/10 right elbow pain, 6/10 right shoulder pain, and 4/10 right hand pain with no radiation or associated numbness, tingling, muscle weakness, or paralysis. It was noted that the injured worker was not utilizing pain medications at that time, but wanted to start on a pain regimen. P Prescriptions for Naprosyn, Prilosec, Gabapentin, Tramadol, and topical creams were provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. It can also alleviate discomfort. The guidelines recommend 8-10 visits over four weeks; the injured worker has already undergone 16 visits. This alone exceeds guideline recommendations without adding an additional eight sessions. There are no significant factors to provide an exception to guideline recommendations. As such, the request is not medically necessary.

MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The injured worker has undergone physical therapy and showed progressive improvements. According to the AECOM, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or clarification of the anatomy prior to an invasive procedure. There is a lack of evidence to support tissue insult or neurovascular dysfunction to warrant an MRI. The orthopedic consult consisted of complaints of elbow pain. As such, the request is not medically necessary.

EXTRACORPOREAL SHOCKWAVE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines recommend extracorporeal shockwave therapy for calcifying tendinitis, but not for other shoulder disorders. There is a lack of evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. There is no diagnosis of calcifying tendinitis in the medical records provided for review. As such, the request is not medically necessary.